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Date:	August 1, 2005	Fax:	571-273-8300
To:	U.S. Patent and Trademark Office	Phone:	

**Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

From:	Rachel V. Leiterman
Serial No.:	10/652,798
Docket:	LUM-02-09-02
Re:	Response to Office Action
Pages:	11 (including cover sheet)

Message:

Re: Applicant(s): Michael J. Ludowise
Assignee: Lumileds Lighting U.S. LLC
Title: Resonant Cavity Light Emitting Device
Serial No.: 10/652,798
Examiner: Phat X. Cao Filed: August 28, 2003
Docket No.: LUM-02-09-02 Group Art Unit: 2814

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Transmittal Letter (1 page);
(2) Response to Office Action (5 pages);
(3) Information Disclosure Statement (2 pages);
(4) Form PTO/SB/08A citing 1 reference;
(5) A Copy of the cited US Patent document is not enclosed as the requirement under 37 CFR 1.98
 (a)(2)(i) is waived.

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Brian D. Ogonowsky

Carmen C. Cook

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AUG 01 2005

August 1, 2005

Via Facsimile
 Mail Stop Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Re: Applicant(s): Michael J. Ludowise
 Assignee: Lumilods Lighting U.S., LLC
 Title: Resonant Cavity Light Emitting Device
 Serial No.: 10/652,798
 Examiner: Phat X. Cao Filed: August 28, 2003
 Docket No.: LUM-02-09-02 Group Art Unit: 2814

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Transmitted herewith are the following documents in the above-identified application:

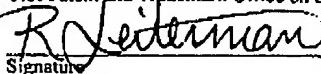
- (1) This Transmittal Letter (1 page);
- (2) Credit Card Payment Form PTO-2038 (1 page);
- (3) Response to Office Action (5 pages);
- (4) Information Disclosure Statement (2 pages);
- (5) Form PTO/SB/08A citing 1 reference (1 page);
- (6) A Copy of the cited US Patent document is not enclosed as the requirement under 37 CFR 1.98 (a)(2)(i) is waived.

The fee has been calculated as shown below:

	Claims Remaining		<u>Highest No. Previously Paid For</u>	<u>Present Extra</u>	<u>Rate</u>	<u>Additional Fee</u>
	Total Claims	After Amendment				
Total Claims	11	Minus	24	=	0 x \$18	\$ 0.00
Independent Claims	1	Minus	3	=	0 x \$88	\$ 0.00
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application					\$	
<input checked="" type="checkbox"/> Fee to File Information Disclosure Statement					\$	180.00
<input checked="" type="checkbox"/> Extension of Time Fee (2 months)					\$	450.00
<input checked="" type="checkbox"/> Please charge our credit card (Form PTO-2038 enclosed) in the amount of				Total	\$	630.00
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 502226.						

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I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.


Signature

8/1/05
Date

Respectfully submitted,



Rachel V. Leiterman
 Attorney for Applicant(s)
 Reg. No. 46,868